

<b>Case Number:</b>	CM13-0051849		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/22/2004
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35 year-old male who was injured on 11/22/2004. He has been diagnosed with chronic low back pain with right lower extremity radiculitis from a disc herniation, and status post umbilical hernia repair. The IMR application shows a dispute with the 10/22/13 UR decision. The 10/22/13 UR letter is from [REDACTED] and recommends non-certification for a [REDACTED] mattress and bed purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**[REDACTED] mattress/bed purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Chapter, as well as the Aetna Clinical Policy Bulletin: Hospital Beds and Accessories.

**Decision rationale:** The Medicare definition is: "The term DME is defined as equipment which can withstand repeated use, i.e., could normally be rented, and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in

the absence of illness or injury, and is appropriate for use in a patient's home. (CMS, 2005)" ODG does not recommend bed rest as treatment for low back pain, and does not provide recommendations based on mattress firmness. Aetna Clinical Policy Bulletin as with Medicare, does not consider the [REDACTED] bed as DME because "they are not primarily medical in nature, are not primarily used in the treatment of disease or injury, and are normally of use in the absence of illness or injury. " The [REDACTED] bed is not in accordance with Aetna or Medicare guidelines and does not meet the definition of DME. The request for a Tempur Pedic mattress/bed purchase is not medically necessary or appropriate